



A Nurse First | Episode 3

Flood gates

Ariella Teater: I got a phone call from my dad, who at the time was working in Texas. At this point, COVID was raging in other parts of the US, but it hadn't really reached St. Louis yet, which is where I am. He was concerned that there was an uptick of cases in the area where he was working and didn't know what to do. Should he come home? Should he ask his management if he could come back? And just in that conversation with him, I was thrown right into a conversation I had had with a co-worker about a man about my dad's age that had been in, and suddenly contracted COVID and was gone within 48 hours. I just had this moment of seeing that situation laid over my father's face, and in that moment then, it was just like scenes of that one man who reminded me of my brother who we tried so hard to save in the cath lab or that, that baby that was so fragile and reminded me of my babies that we tried to save in the emergency department.

It was just like that linkage of understanding that I don't have a predictable way of protecting my family members and my loved ones, like I maybe mistakenly thought that I did before, just opened the flood gates of all the memories of all the patients that I've lost over the course of the years and thinking, "This is here, this is in my lap, I can't be fractured anymore. I can't leave work at work and come home and be able to think that life will just go on and that it won't touch me." It's like the cabinet door of, of all the grief that you keep locked away into the work pigeonhole just flooded right through and became integrated with all the things that I see every day in my own life and in my family, and there was just no going back then from there.

[Welcome to A Nurse First, a podcast from Sigma Nursing. This is Ariella Teater, telling her own a nurse first story.]

As I was talking to my dad on the phone and I was trying to figure out where we were going to go from here, I really felt in my body how paralyzing grief can be. I think that that paralysis, that you feel, the helplessness, that even your skills as a nurse that you have worked so hard to hone and become proficient in and take pride in really, that you have these the skill set that you can use to help people heal to better their health, that even with all of that in your pocket, it still might not be enough. And that is a very helpless and hopeless feeling. In that space, I realized that I really couldn't rely on the ways that I have known to function as a nurse to just keep carrying me through and over this wave of grief, it really has to be walked through. Because it's unavoidable and it shouldn't be avoided, and you really can't stay in that paralyzed place.

I am a registered nurse, and I'm currently in school for my PhD in nursing, and I currently work as a Clinical Outcomes Manager for SLUCare Physician group in St. Louis. In my experience in nursing, nurses are not necessarily taught to grieve in one way or another, but the implicit expectation of nursing is that we have to move forward, so having space as a nurse in the moment to grieve, to work through process, lament, unfortunate, bad, terrible circumstances that you come into contact with is really not available,

and I think even though it's not explicitly said, you're not supposed to grieve as a nurse or you're supposed to compartmentalize. Implicitly, there isn't room provided intentionally for the grieving of nurses. And so in a space like that, the only choice you really have is to assume that in order to be a good nurse, I need to move forward. I need to be able to take this bad experience or this moment of grief from losing a patient and put it somewhere where I may or may not touch base with it later.

When there is just a constant onslaught of loss and grief, and it's oppositional to what, how you define yourself. So nurses really define ourselves as healers. We're there to heal. We're there to comfort. We're there to nurture and care, and when you are constantly in a place where all of that, all that you are putting in, is still not enough, it's really hard to push that then to the back of your mind and continue on and go home and still feel like you have contributed what it is you wanted to contribute.

Learning a new definition of how to deal with grief and being willing to open those memories in my mind and let them trickle down into being processed in trusted people that I talk to, being felt in my body, because grief is something that you feel in your body. And being able to accept that not as weakness, but as appropriate to dignify the experience that I've had and the experiences that the people and the patients that I've come into contact with have had.

[Ariella has lost count of how many souls she's witnessed depart, some she fought for, some just needed comfort against the inevitable. Their stories aren't things she often talks about, but in this moment, on the phone with her dad, Ariella made a sudden choice. She needed to truly honor each individual that she had loved and lost in this life by allowing herself to finally feel her grief for them, starting with one night in the emergency room.]

I remember with great clarity, I was working nights at the time in an emergency department, and I was heavily pregnant, which was hard to navigate working nights in an emergency department. In the middle of the night, we had about a six-month-old baby come in, and he had unfortunately suffered an accident in the night in his sleep environment, and was not breathing, and his family were recent immigrants from an Eastern country. In the melee of trying to resuscitate this baby, we really did our best to try to connect them to an interpreter to help them understand what was going on, to get some background from them. In the crazy of the moment, they just had nobody that they could easily identify as someone who could help bridge this gap of communication. I mean, can you imagine anything more just viscerally painful and trapping and helpless than being a mother in a foreign country where you have no idea how to speak the language, you don't know the culture, you don't know the way that you are supposed to be in this place, and your baby is not breathing.

When you've been in the emergency department for a long time, you already know when certain patients come through the door that this is going to be largely for the family, the efforts that we're going to make here because we're not getting this baby or this individual back, but you still try. When we were done and I had to disconnect this baby from everything and wrap him up and give him to his mother, and at that point, you know, we had found some interpretation via translator phone, which is just the worst way that you can possibly ever tell a mother that her baby is dead.

I don't think she even had a choice about whether or not to display her grief everywhere, you just at some point, you lose your ability to care about what anyone else is thinking and you're just there in that moment, and to compound the grief of being told that your baby is dead, was this act of having to leave

her baby there. She couldn't take her baby with her and continue to grieve and continue to mourn. She's in this emergency department trauma room that is just so cold and just ... There's trash strewn everywhere from our efforts and talk about chaos, and she's just going to leave her poor little baby there and walk away.

One of the things that she asked for is just that we wouldn't leave him there alone. So our staff, they just took the time out of their shift, and it was really busy, to go in and sit with that baby and hold him, even though he was dead. And I think that, that really speaks to what nursing is, that even though that the mother couldn't see us there, we were still there. We were going to do for her what she could not do for herself, and dignify that baby's life.

And to have to as a human being, not just as a nurse, but as a human being experience that, carry that with you. But I think in that moment, I was thinking, "Boy, you know, we kid ourselves so much about mortality." We don't think about it in the day-to-day because it's easier to not. Obviously, one of the things that comes with grieving is that you're not able to talk about these things clinically anymore. I think that it's valuable. Just be willing to cry real tears for people that you never knew because you did know them in that moment, and you had the opportunity to share with them something that they're going to remember for the rest of their lives.

[As you tell this story, I can feel your grief breaking down the dam you've built to protect yourself from all the loss you encounter. What have you learned from your embrace of grief, and what can new nurses, seasoned nurses, and nurse educators take away from that?]

I think that the larger population does not fully grasp what that does to the human spirit when you can never get out from under the grief, it just follows you everywhere. It is impossible to move to a place of stability and healing in ourselves and in our families, in our communities, and in our workplace as nurses, without dealing with grief in a way that is thoughtful and intentional. We cannot just wait for it to happen to us, to get to the point where we can't ignore it anymore, because then it just overwhelms you and you burn out.

Nurses especially need to be very intentional about addressing their grief at this point. From my own experience, as much as we try to fill our time with the busy of life, sometimes we use that as a way to avoid thinking the big thoughts that are sitting there. We need to reframe grief as a valuable part of our lives. In grieving, we're not only dignifying and honoring those that we grieve, whether it's our patients or family members, we're also honoring ourselves and the capacity that we have, that we often neglect to hold negative feelings along with the positive ones, and to understand that the more we listen to the grief, it heals and it also gives us a better understanding of the joy, too. You sometimes find yourself in a place where you're not really able to enjoy anything because you've spent so much time trying to keep the grief at bay that you really aren't free to move forward.

I know, it feels that you're helpless, but that the paralysis you feel really can be moved and the doors can be opened if you find someone that you can talk to, whether it's a loved one, a spouse, a counselor, your journal. That's also not a bad thing. Sometimes that's less intimidating than talking to someone face to face. And have time of silence. Don't busy your mind. Don't cover it up. Don't fill it with Netflix and fluff books and busy plans. Take some time to sit in silence, and dwell on those experiences that

you've had. To listen to your body. To write. To talk to people. And I think that that dignifies and honors your capacity for grief, and it makes you a better and more holistic caregiver when you can be do that.

My challenge to the more experienced nurses is to be willing to go the extra mile to wrap around novice nurses and give them the practical example of what it means to intentionally connect with patients, what it means to show that you're affected by what happens to your patients. We need to explicitly teach about grief in our nursing schools, and our preceptorships better, and implicitly in the ways that experienced nurses and expert nurses model grieving in the workplace environment and afterward, and in debriefs and things like that, is integral to helping novice nurses overcome this focus on the technological and really engage with themselves as an agent of healing with their patients.

What I would wish for, more than anything in the nursing field, is that we would understand the importance for human beings to feel seen. They need to feel seen, and that's not just our patients and their family members. That's you, seeing your colleagues, seeing their struggles, being willing to approach them about it, and specifically, it is you seeing yourself and what can contribute in the enormous capacity that we have as nurses that we often underestimate. And when you're willing to see yourself and all that that entails the hard stuff and the good stuff, then you are much more able to truly see human beings in the world that they live in when we're caring for them.

[Thank you for listening to A Nurse First from Sigma. If you loved this episode, do us a favor and subscribe, rate, and leave us a review. It is very much appreciated. For more information about A Nurse First and Sigma, visit sigmanursing.org. Until next time.]